HEALTH & NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

PROPERTY I.D.# _____
PROPERTY RECORDED _____
COUNTY _____

SOIL/SITE EVALUATION
FOR
ON-SITE WASTEWATER SYSTEM

APPLICANT _____ OWNER _____ AGENT _____ PHONE _____
ADDRESS Gardenpark Estates APPLICATION DATE _____ DATE EVALUATED _____
_____ PROPOSED FACILITY _____
_____ PROPERTY SIZE _____
LOCATION OF SITE Lot #7
WATER SUPPLY: On-Site Well____ Comm. Well____ Public____ Other:_____ EVAL. METHOD: Auger Boring___ Pit___ Cut___

PROFILE #	1940 LANDSCP POS / SLOPE %	HORIZON DEPTH (IN)	1941 (a)(1) TEXTURE	1941 (a)(2) STRUCTURE	1941 (a)(3) MINERALOGY	
1	Linear 5%	0-24	C	SBk	1:1	1942 WETNESS CONDITION: N/A
		24-48	SCL	WSBk	1:1	1943 1956 SAPROLITE: N/A
						1944 RESTRICTIVE HORIZON: N/A
						1945 PROFILE CLASSIFICATION: P/S
						PROFILE LTAR: 0.35
2	Linear 5%	0-6	Organic			1942 WETNESS CONDITION: N/A
		6-48	C	SBk	1:1	1943 1956 SAPROLITE: N/A
						1944 RESTRICTIVE HORIZON: N/A
						1945 PROFILE CLASSIFICATION: P/S
						PROFILE LTAR: 0.3
3						1942 WETNESS CONDITION:
						1943 1956 SAPROLITE:
						1944 RESTRICTIVE HORIZON:
						1945 PROFILE CLASSIFICATION:
						PROFILE LTAR:
4						1942 WETNESS CONDITION:
						1943 1956 SAPROLITE:
						1944 RESTRICTIVE HORIZON:
						1945 PROFILE CLASSIFICATION:
						PROFILE LTAR:
5						1942 WETNESS CONDITION:
						1943 1956 SAPROLITE:
						1944 RESTRICTIVE HORIZON:
						1945 PROFILE CLASSIFICATION:
						PROFILE LTAR:

AVAILABLE SPACE - 1945)_____ SITE CLASSIFICATION - 1945)_____ SITE LONG-TERM ACCEPTANCE RATE _____
OTHER FACTORS(1946)_____ SYSTEM TYPE_____
EVALUATED BY _____ OTHER(S) PRESENT _____
COMMENTS _____

DRAFT